



DURHAM CITY/COUNTY INSPECTION DEPARTMENT

BUILDING PERMIT APPLICATION

101 City Hall Plaza, Durham NC, 27701

Phone: (919) 560-4144

FAX: (919) 560-4484

www.durhamnc.gov



JOB ADDRESS _____

ADDRESS DESCRIPTION (LOT, UNIT) _____

JOB DESCRIPTION _____

CONTRACTOR: _____

Email _____

ADDRESS _____

CITY _____ STATE _____

ZIP CODE _____ TEL. NO. _____

ARCHITECT: _____

Email _____

ADDRESS _____

CITY _____ STATE _____

ZIP CODE _____ TEL. NO. _____

JOB COSTS

General Cost: _____ \$

*Electrical Work: ()yes ()no Cost: _____ \$

*Plumbing Work: ()yes ()no Cost: _____ \$

*Mechanical Work: ()yes ()no Cost: _____ \$

Other Work: ()yes ()no Cost: _____ \$

TOTAL PROJECT \$ _____

PROPERTY OWNER: _____

TEL. NO. _____

Is any existing or proposed structure on this property currently serviced or to be serviced by a well or septic tank? ()Yes ()No

If "Yes", contact Environmental Health at 560-7800 for their approval.

TYPE PAYMENT: ()CASH ()CHECK ()CC ()CHG ACCT.

JURISDICTION: ()CITY ()COUNTY

CONTR. ACCT. NO: _____

STATE CONTR. LIC. NO: _____

OWNER OR AUTHORIZED AGENT OF THE OWNER

PRINT NAME

SIGNATURE

DATE

Applications which are not completed to "ISSUED" status within 6 months will expire.

*A separate application and permit is required for each trade.

* If using a residential sprinkler system, check here YES ()

The owner or authorized agent of the owner that signs this application is responsible for determining whether sewer, water, gas, and other utilities are available for this site. Also, all easements and restrictions must be shown on the plot plan. Where applicable, allowable impervious coverage must be verified by a certified survey at the completion of all site work. The applicant must adhere to all codes and ordinances. By signing this application, the applicant assumes all responsibility for these items. If there are any questions concerning these issues please contact the Public Works Department for assistance.

-----FOR OFFICE USE ONLY-----

No. Baths _____ No. Units _____ Fuel Type _____ Sq. Ft. Land _____ Type Occupancy: _____
Bedrooms _____ Basement _____ Type Const. _____ Sq. Ft. Floor _____ Type Application: _____
Rooms _____ HC Units _____ Type Roof _____ No. Park Sp. _____
Stories _____ Sprinkler _____ No. HC Park Sp. _____ PIN NO. -- -- --

Zoning _____ Slab.....() Y/N PubOwned.....() Y/N Non-TaxProp....() Y/N SB.....() Y/N
Census Trt. _____ DTA.....() Y/N Landscaping.....() Y/N SewerBasin..... CWS.....() Y/N
Census Code _____ Erosion.....() Y/N SitePlan.....() Y/N FloodPlain.....() Y/N MTC.....() Y/N
BOA _____ Deptins.....() Y/N DeptFacServ.....() Y/N WellPermit.....() Y/N HD _____
ImprPermit.....() Y/N HealthDept.....() Y/N PlanStatus _____ FireDist.....() Y/N AO.....() Y/N

SETBACK F: _____ LS: _____ RS: _____ R: _____ HT: _____

MOBILE HOME EXPIRATION DATE: _____

BUILDING PERMIT FEE

IMPACT FEE () Y/N

HOMEOWNERS RECOVERY FUND () Y/N

APPROVED FOR ISSUANCE

DATE

NIS Approval required for all Minimum Housing Permits _____ DATE _____